

UNOFFICIAL COPY

**DECEASED
JOINT TENANCY AFFIDAVIT**

After Recording Mail to:

Theodore E. Froum, Esq.
Froum Law Group, LLC
807 Greenwood Street
Evanston, IL 60201



Doc# 2035619021 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/21/2020 11:13 AM PG: 1 OF 4

Above Space for Recorder's Use Only

STATE OF ILLINOIS)

) SS.

COUNTY OF COOK)

1. I, JUNE ZFANEY, the surviving tenant of the joint tenancy created by the deed with the document number 20583504, do hereby declare under oath that the other tenant, my husband, HAROLD ZFANEY, died on September 10, 2007, as evidenced by the attached certified copy of his medical certificate of death. (See Exhibit A).
2. I also declare that the aforementioned named deceased joint tenant was an owner of the property in Cook County, Illinois, with the following legal description:

THE SOUTH HALF OF LOT 26 AND ALL OF LOT 27 IN KOSTNER AND CHURCH STREET "L" FIRST ADDITION, A SUBDIVISION OF THE SOUTH 105.66 RODS OF THE EAST 35.32 RODS OF THE NORTH WEST QUARTER OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 9318 North Kostner Avenue, Skokie, IL 60076

PIN: 10-15-122-051-0000



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3. Furthermore, the deceased tenant died:

Leaving NO LAST WILL AND TESTAMENT

Leaving a LAST WILL AND TESTAMENT, which is attached, and the ORIGINAL of the ~~UNPROVEN WILL BE~~ filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

Leaving a LAST WILL AND TESTAMENT, which is attached, and the ORIGINAL of the ~~PROVEN HAS BEEN~~ filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

Property of Cook County Clerk's Office

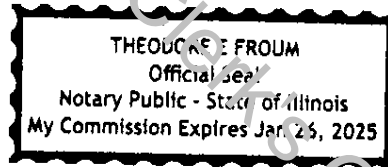
Affiant

Jane Spaney

Subscribed and sworn to before me on November 19, 2020.

Theodore E. From

Notary Public



Prepared by: THEODORE E. FROUM, Esq., 807 Greenwood Street, Evanston, IL 60201

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EXHIBIT A

MEDICAL CERTIFICATE OF DEATH

Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

SEP 12 2007

Lowell Huckleberry
SIGNED

DATE _____ SIGNED _____

AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DECEASED'S BIRTH NO.
REGISTRATION DISTRICT NO. 16.36
REGISTERED NUMBER 25372

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

Type of Print in Permanent Ink See Funeral Director, Hospital, or Physician's Handbook for INSTRUCTIONS
1. **DECEASED-NAME** FIRST HAROLD MIDDLE ZFANEY LAST ZFANEY SEX Male DATE OF BIRTH (MONTH, DAY, YEAR) September 10, 2007
2. **COUNTY OF DEATH** COOK
3. **CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** Skokie
4. **AGE-LAST BIRTHDAY (MOS. DAY, YEAR)** 69 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH (MONTH, DAY, YEAR) September 29, 1937
5. **HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET NAME AND NUMBER)** Midwest Palliative and Hospice CareCenter (IF HOME OR INST. INDICATE D.O.A. OR OTHER TREATMENT (SPECIFY)) Inpatient

6. **BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** Chicago, IL 7. **SOCIAL SECURITY NUMBER** 318-30-1091 8. **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** Married 9. **NAME OF SURVIVING SPOUSE (LAST, M.A., E. F. WIFE)** June Fagelstein 10. **RESIDENCE (STREET AND NUMBER)** 318 N. Kostner 11. **USUAL OCCUPATION** Pharmacist 12. **KIND OF BUSINESS OR INDUSTRY** Pharmaceuticals 13. **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** Skokie 14. **INSIDE CITY (YES/NO)** Yes 15. **COUNTY** Cook 16. **EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** 5 17. **WAS DECEASED EVER IN U.S. ARMY (FORCED BY YES/NO)** No

18. **FATHER-NAME** FIRST Morris MIDDLE Zfanev LAST Turner 19. **MOTHER-NAME** FIRST May MIDDLE Turner LAST Turner 20. **RELATIONSHIP** 17b. wife 21. **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 17c. 9318 N. Kostner, Skokie, IL 60076

22. **CAUSE**
1. **Immediate Cause (Final disease or condition resulting in death)** Waldenstrom Macroglobulinemia
2. **CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.** (a) Due to OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c)
3. **CAUSE LAST.**

4. **DATE OF OPERATION, IF ANY** 20a. 9-10-07 5. **MAJOR FINDINGS OF OPERATION** 20b. No 6. **WAS CONSUMER OR MEDICAL EXAMINER NOTIFIED (YES/NO)** 21a. No 7. **HOUR OF DEATH** 21c. 12:55 PM 8. **DATE SIGNED (MONTH, DAY, YEAR)** 22a. September 11, 2007 9. **IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?** 20c. YES NO 10. **ILLINOIS LICENSE NUMBER** 22d. 0862085764

11. **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** 22c. Ravzia Lodhi, MD., 6374 N. Lincoln, Chicago, IL 12. **IF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)** (TYPE OR PRINT)

13. **BURIAL, CREMATION, REMOVAL (SPECIFY)** 24a. Burial 14. **CEMETERY OR CREMATORY-NAME** 24b. Shalom Memorial Park 15. **LOCATION** 24c. Arlington Heights, IL 16. **CITY OR TOWN** 24d. Arlington Heights, IL 17. **STATE** 24e. Illinois 18. **DATE** 24f. Sept. 12, 2007 19. **FUNERAL HOME** 25a. Weinstein Funeral Home; 111 Skokie Boulevard; Wilmette, Illinois 60091 20. **STREET AND NUMBER OR R.F.D.** 25b. 034. 010963 21. **CITY OR TOWN** 25c. Skokie 22. **STATE** 25d. Illinois 23. **ZIP** 25e. 60091

24. **LOCAL REGISTRAR'S SIGNATURE** Lowell Huckleberry 25. **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** SEP 12 2007

26. **FUNERAL DIRECTOR'S SIGNATURE** Lowell Huckleberry 27. **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** SEP 12 2007

28. **DISPOSITION** 28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z.

29. **LOCAL REGISTRAR'S SIGNATURE** Lowell Huckleberry 30. **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** SEP 12 2007

31. **FUNERAL DIRECTOR'S SIGNATURE** Lowell Huckleberry 32. **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** SEP 12 2007

33. **DISPOSITION** 33a. 33b. 33c. 33d. 33e. 33f. 33g. 33h. 33i. 33j. 33k. 33l. 33m. 33n. 33o. 33p. 33q. 33r. 33s. 33t. 33u. 33v. 33w. 33x. 33y. 33z.